U.S. Postal Service

## **EEO Counselor's Inquiry Report**

Case No. 4K210013399

## NOTICE OF RESTRICTED USAGE

Access to, and usage of, this EEO report is RESTRICTED by both the Freedom of Information Act and the Privacy Act to: (1) the complainant (and his or her representative), and (2) government officials who must have access to the files to discharge their OFFICIAL duties. The report must be safeguarded. Willful violations of these requirements are subject to criminal penalties (5 U.S.C. 552a(i)).

Name (Last, First, MI) Wright, Beverlty L. Wright, Beverlty L. Veteran's Preference    Yes   Mino   Home Telephone No.   Office Telephone No.   410-252-3056		Com	plainant			
Within Bevery Care   Yes   No	Name (Last, First, MI)	1	o.			
Veteran's Preference	Wright Beverly I					
Home Address (No., Street, City, State, ZIP + 4)  204 Marley Station Road  Glen Burnie  MD  21061  Facility Name and Address (No., Street, City, State 2IP + 4)  Lutherville Timonium  9603 Deereco Rd  Lutherville MD 21093  Position Title  Grade Level  Duty Hours  Clerk  PS 05  1:00-9:00 AM  Tues  1  Chronology of EEO Counseling  Date of Incident  Date of Incident  Date of Incident  Date 60-Day Extension Form Signed  O7/106/99  Date Counselor's Report Requested  O7/106/99  Date Counselor's Report Requested  O7/106/99  Basis for Alleged Discrimination  Check and Particularize Each that Applies:  1 Race (Specify): Black  2 Color (Specify):  3 Religion (Specify):  4 Sex (Specify): Fernale  5 National Origin (Specify):  6 Age (Specify Date of Birth):  7 Physical Disability (Specify): Multiple Sclerosis	Veteran's Preference		•	1		
204 Marley Station Road  Glen Burnie MD 21081 Facility Name and Address (No., Street, City, State 2IP + 4) Lutherville Timonium 9603 Deereco Rd Lutherville MD 21093 Position Title Grade Level Duty Hours Tues 1  Clerk PS 05 1:00-9:00 AM Tues 1  Mixed Case EEO Poster on Display (Verified in Complainant's Facility)  No Chronology of EEO Counseling  Date of Incident Date of Initial Contact With EEO Office O4/09/99  Date of Incident Date 60-Day Extension Form Signed Date Counseles Received/Signed Notice of Right to File 06/29/99  Date Counselor's Report Requested Date Counselor's Report Submitted 07/06/99  Date Counselor's Report Requested Date Counselor's Report Submitted 07/13/99  Basis for Alleged Discrimination  Check and Particularize Each that Applies:  1				410-252-3056		
Position Title   Grade Level   Duty Hours   Days Off   Tour   Clerk   PS 05   1:00-9:00 AM   Tues   Tues   Tues   Tues   Mixed Case   EEO Poster on Display (Verified in Compiainant's Facility)	•				24064	
Position Title Clerk PS 05 1:00-9:00 AM Tues 1  Mixed Case    Yes	204 Marley Station Road				21001	
Position Title   Grade Level   Duty Hours   Days Off   Tour   Clerk   PS 05   1:00-9:00 AM   Tues   1  Mixed Case   EEO Poster on Display (Verified in Complainant's Facility)   Yes   No   Yes   No   Yes   No	Facility Name and Address (No., Street, City, St					
Position Title   Grade Level   Duty Hours   Days Off   Tour   Clerk   PS 0.5   1:00-9:00 AM   Tue   1   Mixed Case   EEO Poster on Display (Verified in Complainant's Facility)   No   Street   No   Street   No   Street   No   Street   No   No    Chronology of EEO Counseling   Date of Initial Interview   O4/09/99   O6/01/99   Date of Incident   Date of Initial Contact With EEO Office   Date of Initial Interview   O6/01/99   Date ADR Election Form Signed   Date 60-Day Extension Form Signed   Date Counselee Received/Signed   Notice of Right to File   O6/29/99   Date Counselor's Report Requested   Date Counselor's Report Submitted   O7/106/99   O7/13/99   Basis for Alleged Discrimination  Check and Particularize Each that Applies:    1. Race (Specify): Black   2. Color (Specify):   3. Religion (Specify):   3. Religion (Specify):   6. Age (Specify Date of Birth):   6. Age (Specify Date of Birth):   7. Physical Disability (Specify):   Multiple Sclerosis						
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Mixed Case    Yes   No   EEO Poster on Display (Verified in Complainant's Facility)   Yes   No   No   Yes   No   No   No   No   No   No   No   N				<del>-</del>	1	
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Date of Incident  Date of Initial Contact With EEO Office  04/09/99  Date ADR Election Form Signed  Date 60-Day Extension Form Signed  Date Counseler's Report Requested  07/06/99  Date Counselor's Report Submitted  07/13/99  Basis for Alleged Discrimination  Check and Particularize Each that Applies:  □ 1. Race (Specify): Black  □ 2. Color (Specify):  □ 3. Religion (Specify):  □ 4. Sex (Specify): Female  □ 5. National Origin (Specify):  □ 6. Age (Specify Date of Birth):  □ 7. Physical Disability (Specify): Multiple Scierosis	□ Yes					
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☐ 6. Age (Specify Date of Birth):  7. Physical Disability (Specify): Multiple Sclerosis	4. Sex (Specify): Female					
7. Physical Disability (Specify): Multiple Sclerosis	5. National Origin (Specify):		•			
	6. Age (Specify Date of Birth):					
8. Mental Disability (Specify):	7. Physical Disability (Specify): Mult	iple Sclerosis				
	8. Mental Disability (Specify):					
9. Retaliation (Specify Cited Prior EEO Activity):	9. Retaliation (Specify Cited Prior EEC	O Activity):				

Allegation(s) of Discrimination:

Complainant alleged that she was discriminated against because of her race(Black), sex (Female) and physical disability(Multiple Sclerosis) when between January 1999 to June 1999

complainant was ordered to leave her job after only working 2 hours a night and use leave to cover the rest of her tour.

	EEO Counselor's Checklist				
Counselor Complete All Items Below That Apply and Initial Next to the Numbered Item					
<u>EW</u> 1.	Counselor informed aggrieved of the impartial role of the counselor in the EEO complaint process. Counselor also explained the EEO process to aggrieved and provided aggrieved with the booklet, What You Need to Know About EEO, which contains an overview of the EEO process in the Postal Service. (Note: Counselor must obtain signed receipt if booklet is personally delivered. Booklets sent by mail must be sent certified, return receipt requested.)				
<u>EW</u> 2.	Counselor notified aggrieved of his/her right to be accompanied, represented and advised by a representative of his/her choice at any stage in the complaint process. Aggrieved HAS $\underline{X}$ /HAS NOT designated a representative.				

NOT \_\_\_\_\_ designation James L. Scott Name: Position/Title: 5508 Belle Ave Address: Baltimore MD 21707

Phone No.: 410-578-0577

- Counselor advised aggrieved of his/her right to remain anonymous during precomplaint counseling ΕW and he/she DID X /DID NOT waive anonymity.
- If a mixed case, counselor informed aggrieved of the mixed case election procedures in 29 C.F.R. NA \_\_ (date) aggrieved HAS \_\_\_\_\_ /HAS NOT \_\_\_\_ filed an appeal §1614.302(b). As of \_\_ on the same matter to the MSPB.
- Counselor ascertained that aggrieved HAS X /HAS NOT \_\_\_\_\_ filed a grievance on this issue. EW If grievance has been filed, counselor informed aggrieved of the Postal Service's option to defer processing the formal complaint, as outlined in 29 C.F.R. §1614.301(c).
- Counselor explained the privacy act notice. Aggrieved signed a copy of the notice prior to the EW interview.
- If age discrimination is alleged, counselor informed aggrieved of the alternate procedures available for pursuing age claims, as outlined in 29 C.F.R. §1614.201.
- If a sex based claim of wage discrimination is alleged under Equal Pay Act (EPA), Counselor advised aggrieved person of his/her right to bypass the adminstrative procedure and file a civil action, as outlined in 29 C.F.R. §1614.409.
- If discrimination based on disability is alleged, counselor informed aggrieved of his/her requirement EW\_\_\_9. to submit disability documentation. Documentation HAS \_\_\_\_\_/HAS NOT \_X\_been submitted.
- NA 10. If aggrieved person wishes to file a class complaint, counselor explained the class complaint procedures and the responsibilities of a class agent as outlined in 29 C.F.R. §1614.204.
- EW 11. Counselor informed aggrieved person of his/her requirement to immediately notify the EEO office if his/her mailing address changes.

## Remedy Requested

Describe the Requested Remedy

Complainant is seeking to be reassigned to a new work facility, to reprimand and remove Postmaster Ray Orsini and Supervisor Ray Smith, and to have all sick leave hours that she was forced to use returned with back pay.

Counselor's inc	auirv
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Counselor Give Brief Summary of Inquiry (If applicable)

Complainant alleged that she was discriminated against because of her race(Black), sex (Female) and physical disability(Multiple Scierosis) when between January 1999 to June 1999

complainant was ordered to leave her job after only working 2 hours a night and use leave to cover the rest of her tour.

Postmaster Orsini stated that the complainants work restrictions are so restrictive that he is having a difficult time finding work that she can do without harm to herself or others. She cannot walk without assistance and he is currently working with the medical doctor on determining what reasonable accommodations can be made.

Alternate Dispute Resolution Process (Counselor complete only if the ADR process is used)		
Type of ADR Process Utilized	Date(s) of ADR Session	
Disposition (Initial appropriate item and describe as necessary)		
Not Resolved.		
Partially Resolved (List issue(s) resolved during ADR and attac	ch a copy of the settlement agreement.)	
Summary of Final Information Given	to Aggrieved by Counselor	
Complainant was provided notice of right to file formal complain	int of Discrimination.	
Privacy Act I	Notice	

The collection of this information is authorized by Public Law 92-261, Equal Employment Act of 1972; 29 U.S.C., sections 621 et seq. and 701 et. seq.; and Executive Order 11478, as amended. This information will be used to adjudicate complaints of alleged discrimination and to evaluate the effectiveness of the EEO program. As a routine use, this information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; and to a labor organization as required by the National Labor Relations Act. Under the Privacy Act provision, the information requested is voluntary for the complainant, and for Postal Service employees and other witnesses.

EEO Counselor's Signature	Typed Name of EEO Counselor
1 () 11.00	
my low	Emily Walpen

Counselor's Office Address (No., Street, City, State, and ZIP + 4)

900 E Fayette St Room 395 Baltimore MD 21233-9411

Office Telephone No.	Office Hours
410-347-4633	7:30 - 4:00 pm